

## INSTRUCTIONS FOR THE APPLICATION FOR ASSISTANCE

**GENERAL INSTRUCTIONS.** ALL SECTIONS SHALL BE COMPLETED TO BE ACCEPTED BY THE CABINET. IF THIS FORM IS NOT COMPLETE (INCLUDING ALL REQUIRED ADDITIONAL DOCUMENTATION) A DEFICIENCY LETTER WILL BE SENT TO THE OWNER FOR CORRECTIONS. The form shall be typed or printed legibly in black or blue ink. If you have any questions about any section of this form, contact the cabinet at (502)564-5981 or (800)928-7782. **IMPORTANT NOTE:** For any future changes in information, an amended application for assistance shall be submitted within thirty (30) calendar days of changes.

### GENERAL INFORMATION

Agency Interest Number:	Enter Agency Interest number.
Type of Petroleum Storage Tank (PST) Applicant:	Mark one box indicating whether the applicant applying for assistance is the owner, operator or both the owner and operator.
Total # of PSTs Owned (all facilities owned):	Enter the total number of petroleum storage tanks (PST) owned by the applicant (including those PSTs owned that are located at other facilities).
Total # of PSTs Operated:	Enter the total number of petroleum storage tanks operated by the applicant (including those PSTs operated that are located at other facilities).
Identify the tanks for which you are requesting assistance (gallons and product stored):	List the tank(s) associated with the release being applied for on this application for assistance. Include the gallons and type of product stored in the tank(s).
Type of Application for Assistance:	Mark one of the types of applications. Choose new if this is a first time application. Choose amended if this application is being submitted to amend the applicant information. Choose 3 <sup>rd</sup> party if this application is being submitted for 3 <sup>rd</sup> party reimbursement.

### APPLICANT INFORMATION

Facility Owner/Operator (Applicant's) Name:	Enter the applicant's name. This will be the owner's name or operator's name (corporation, individual, partnership, incorporated, sole proprietorship, public service corporation, government/non-profit agency, or estate/trust). NOTE: Applicant applying, whether they are the owner or operator must be the current owner/operator listed on the UST (underground storage tank) Facility Registration Form.
Owner/Operator Mailing Address, city, state, and zip code:	Enter current UST owner/operator mailing address including city, state, and zip code.
Telephone Number:	Enter area code and telephone number of the current UST owner/operator.
Fax Number:	Enter the area code and fax number of the current UST owner/operator.
E-Mail Address:	Enter the electronic mail address for the current UST owner/operator.
Legally Authorized Representative or Agent and telephone number:	List the name and telephone number, including area code of the person that is authorized to make decisions on behalf of the owner. This is especially important if the owner is a corporation, partnership, or municipality. Documentary evidence to substantiate the legality of an authorized representative's power of agency or power of attorney shall be submitted. Please see 401 KAR 42:250 Section 15 for additional information.
Facility Name:	Enter name under which business and/or UST facility is currently operating. NOTE: Should match the facility name listed on the UST Facility Registration Form.
Physical Location:	Enter <b>EXACT</b> street address including street number and/or highway number where tanks are physically located. DO NOT USE A POST OFFICE BOX, ROUTE NUMBER FOR MAILING ADDRESS.

City, County, Zip Code:	Enter the city, county, and zip code where the UST system is located. If in a rural location, use the city or town that is used for the UST system location mailing address.
Facility Contact Person and facility telephone number:	Enter the contact person and telephone number, including area code at the UST facility that would be responsible for this UST system's day-to-day operation.
Facility Fax Number:	Enter area code and fax number used at the UST facility where UST system is located.
Facility E-mail Address:	Enter electronic mail address for facility contact person at the UST system location.

### **DEMONSTRATION OF FINANCIAL ABILITY**

Applicant Applying for Coverage as:	Check the appropriate box (ONLY ONE) that corresponds with the applicant applying for coverage.
If INDIVIDUAL is checked:	Provide the Social Security Number (SSN) for the individual and the last five years income tax returns in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
If PARTNERSHIP is checked:	Provide the Federal Identification Number, the last five years income tax returns, and the name of each partner or shareholder in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
If INCORPORATED is checked:	Provide the Federal Identification Number, the last five years income tax returns, and the name of each partner or shareholder in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
If SOLE PROPRIETORSHIP is checked:	Provide the Social Security Number (SSN) or Federal Identification # for the Sole Proprietorship and the last five years income tax returns in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
If PUBLIC SERVICE CORPORATION is checked:	Provide the Federal Identification Number for the Public Service Corporation. If the Public Service Corporation is <b>NON-PROFIT</b> , also provide the last five years of annual budgets and tax exemption documentation in accordance with the Required Financial Information section. EXCEPTION: If last five years total income is greater than \$100,000, provide written notice of such and tax exemption documentation instead of submitting budgets with this form. If the Public Service Corporation is <b>FOR-PROFIT</b> , provide last five years income tax returns, and the name of each partner or shareholder in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.

If GOVERNMENT/NON-PROFIT is checked:	Provide the Federal Identification Number for the Government Agency and all other Non-Profit Entities. Also provide the last five years of annual budgets and tax exemption documentation in accordance with the Required Information section. EXCEPTION: If last five years total income is greater than \$100,000, provide written notice of such and tax exemption documentation instead of submitting budgets with this form.
If ESTATE/TRUST is checked:	Provide the Social Security Number (SSN) or Federal Identification # for the Estate/Trust and the last five years income tax returns in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.

**REQUIRED INFORMATION**

Written Contract Signed by Both Contracting Parties:	Check this box once the PST owner/operator has obtained a contract from a eligible company (for all work initiated on or after July 1, 1999). The contract shall be submitted with this form. Please see 401 KAR 42:250 Section 3 for additional information.
Date Release Occurred and/or Discovered:	Enter the date that the release from the PST(s) requiring corrective action from an eligible facility occurred and/or was discovered.
Date Release was Reported to Cabinet	Enter the date the release from the PST(s) requiring corrective action from an eligible facility was reported to the cabinet.
Method of Discovery:	Give a brief description of how the release was discovered. (Examples include: Tank Removal, Site Check, Leak Detection Records, Observation, etc.)
Incident Number(s):	Enter the Incident Number acquired from the cabinet upon reporting.
Check All That Apply for the Type of Release at This Facility:	Check all that applies for the type of release that occurred at this facility. (Gasoline, Diesel, Kerosene, New Oil, Waste Oil)
Name of Eligible Company or Partnership:	Enter the name of the eligible company or partnership who is contracted to perform corrective action at the facility. NOTE: Must be eligible in accordance with 401 KAR 42:316.
UST Branch's PST Eligible Company or Partnership Certification #:	Enter the eligible company or partnership's certification number obtained from the UST Branch.

**THIRD PARTY INFORMATION**

Is There any Known Third-Party Complaint Connected with this Release:	Mark Yes if there has been a Third-Party Complaint in connection with this release. Must attach a copy of the complaint, judgment and/or any legal documentation, letters, etc. received. List the full name, telephone number, mailing address, city, state and zip code of the complainant(s). If there has been no Third-Party Complaint filed, mark No and continue to the Subrogation Agreement section.
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**SUBROGATION AGREEMENT**

Applicant:	Enter the applicant's name. This will be the owner's name or operator's name (corporation, individual, partnership, incorporated, sole proprietorship, public service corporation, government/non-profit agency, or estate/trust) as listed on the UST facility registration form. NOTE: This should match the applicant's name listed under Applicant Information on page one of this form.
Facility:	Enter name under which business and/or UST facility is currently operating. NOTE: Should match the facility name

	listed on the UST Facility Registration Form and the facility name listed under Applicant Information on page one of this form.
Month, Day, Year:	Enter the date; including month, day and year that this application is being signed by the owner. NOTE: This should match the date listed by the Signature of Applicant under the Application for Assistance Certification section.

**APPLICATION FOR ASSISTANCE CERTIFICATION**

Applicant or Legally-Authorized Representative or Agent of the Applicant:	Check the box that applies (ONLY ONE). Must correspond with the Applicant Information section on page one of this form and the signature listed below.
Printed Name of Applicant (Or Authorized Representative or Agent):	Print the name of the Applicant (Owner/Operator) applying or the Legally-Authorized Representative. Must correspond with the Application Information section on page one of this form and the signature listed below.
Title:	Enter the Title of the Applicant. (Examples: Owner, Operator, Executor of Estate, President, etc.)
Signature of Applicant (Or Authorized Representative or Agent):	Read all information under this section carefully, sign and date. Must be the Signature of Applicant (Owner/Operator) applying or the Legally-Authorized Representative. Must correspond with the Application Information section on page one of this form. Copied or stamped signatures are NOT acceptable.
Eligible Company or Partnerships Authorized Representative's Signature:	Read all information under this section carefully, sign, date and list the Eligible Company or Partnership's certification number. This signature must be an Authorized Representative of the Company listed under the Required Information section. Copied or stamped signatures are NOT acceptable.

**ADDITIONAL NOTES:**

- Retain a copy of this form and all supplemental documentation for your records.
- If you have additional questions or need to request a review of the facility records, please contact the cabinet at 502-564-5981. You may also visit our Web site for forms, regulations, and information at: <http://waste.ky.gov/ust>.
- Mail this completed form and all supplemental documentation to:

**DIVISION OF WASTE MANAGEMENT  
UNDERGROUND STORAGE TANK BRANCH  
200 FAIR OAKS LANE, SECOND FLOOR  
FRANKFORT, KY 40601**